LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

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OUT OF ITS OWN MOUTH.

The most charitable construction to put upon the actions of the Kentucky-Louisville School would be to regard them as those of an irresponsible being. If they do not condemn it to an asylum, they certainly should lodge it in a medical calaboose. But the method which appears all through its madness, the shrewd eye which it keeps to self-interest in all its vagaries, the marketable value of the humbug in which it deals, point rather to the fact that the Phenomenon is not a lunatic. And so, while we were somewhat startled at the first reading of the extract which we publish below, we soon saw the matter could be explained on purely logical grounds.

In the editorial of the February number of the Richmond and Louisville Medical Journal, which is the heavy organ of the Kentucky-Louisville School, appears the following confession:

"Is it not time for every member of the profession to give the most serious and sincere attention to a question which so intimately concerns himself? Is it not time for each reader to abandon the old idea that so long as he has his share of patients, 'enough coffee, and meal and bacon,' a roof over his head, and nails sufficient to keep up his fencing, that his profession may 'go to the dogs,' and that the problem of medical education may be committed to posterity? *The time is unquestionably near at hand when from the increasing number of medical colleges, from the increasing number of sessions, from the practical abolition of any fixed undergraduate period, and from the gradual lowering of the standard for graduation, that doctors in America will be as thick as the locusts in Egypt; and that competition will render the earnings of the physician insufficient to secure not position nor ease, but the barest necessaries of the most frugal existence.*"

One might almost imagine upon reading these lines that they were from the honest NEWS. How can they be reconciled with their real source? It is a simple matter. The Kentucky-Louisville School sees two diploma mills set up at Nashville, right on the main pathway of its supplies. Its frightened imagination constructs them at other points in the country through which grist has been coming to its mill. It pretended to see at first in this multiplication of such concerns an indorsement of its course, and rejoiced for a moment in the apparent respectability it might receive from its company. Only a moment. Respectability alone is a thing upon which your patent medical school does not lay much stress. Kicks and cuffs may be borne if there is money in what it is at. But there is nothing of the martyr in the Phenomenon; and it can not exactly see what use there is in working itself to death, and to be hammered every Saturday morning by the NEWS—to say nothing of multitudinous foreign stones hoisted into its camp—for the reward of sucking its thumbs only for its trouble. The Phenomenon is going to quit the summer business. It is preparing the public mind for a change of front. Do not imagine it will be troubled by the inconsistency of the move. It is a a hardened sinner, and could to-morrow abuse its past course with all the bombast and innocence it has used in the defense of beneficiary shams, double diplomas, nine-months' graduates, and kindred iniquities. Still, without examining its motives, we are at any time ready to welcome it to the paths of rectitude. Perhaps the day is not far off when the Phenomenon will hail us as its best friend.

One word with those who may think we devote too much of our space to the discussion of matters pertaining to medical education. There can not possibly be a more important question. Least of all does reform affect the schools. They might all be wiped out of existence and fewer interests be sacrificed than is being done through their instrumentality in the profession at large. Read the confession of the Richmond and Louisville Medical Journal contained in the preceding editorial; and remember that this journal with its coadjutor, the American Medical Bi-Weekly, has during the past few years persistently advocated the very measures it now decries. It draws the exact picture of distress to which we have all along pointed, and tells now, precisely as we have done, the evil courses which brought this about.

We are not after any Quixotic reform. We wish simply to keep the barriers at a respectable height, to build them up gradually, so that after awhile they may be something more than this. We know what a din has been raised through all time about the standard of medical education, how seemingly fruitless has been the result, and how tired of it the professional ear has become. We know, too, what iniquities have been perpetrated under the name of "the dignity of medicine." We do not wonder then that men refuse to rally under the worn-out war-cry, but we hope they will at least buckle on when the commissary wagons are attacked; and it is to this complexion that it has come at last.

Original.

CASE OF ACUTE RHEUMATISM FOLLOWED BY PERICARDITIS AND PNEUMONIA.

BY W. W. WALLACE, M. D.

Rose T. (colored), twenty-seven years of age, mother of four children, having previously enjoyed tolerably good health, was attacked in the evening of October 29, 1876, with pain in the right wrist accompanied by redness and swelling. On October 30th the left wrist and both knees had become affected, were much swollen, red, and painful. There being some febrile movement, with hot skin, tongue dry and coated, and torpid bowels, I prescribed the following:

℞ Hydrarg. chlorid. mit..... gr. iv;
Pulv. rhei ..... gr. iv;
Sodæ bicarb..... ℈ ij;
Pulv. ipecac com..... ℈ j.

M. et div. in chart No. 4. S. One powder to be taken every three hours.

October 31st, evening: The affected joints in about the same condition as yesterday. Pain and soreness complained of in elbows and ankles. The bowels have acted two or three times since my last visit. Pulse 98; tongue still coated, but more moist. The urine passed is small in amount and high-colored. By the administration of opiates her suffering has been much alleviated and sleep induced. Prescribed

℞ Aq. ammoniæ fort..... gtt. xvj;
Aq. pluvial ..... ℥ ij.

M. S. Teaspoonful every hour. I also prescribed morphine in doses of a quarter of a grain, to be repeated sufficiently often to relieve pain and procure sleep.

November 1st: The symptoms were somewhat ameliorated. I now alternated the ammonia with the following:

℞ Potassæ citrat..... ℥ ij;
Ext. gelsem..... fl. ℥ j;
Vini ipecac..... ℥ jss;
Aquæ.....ad ℥ iv.

M. ft. sol. S. A tablespoonful every two or three hours in a wineglassful of water.

November 2d: The patient appears much better to-day. The pain, swelling, and redness diminished in all the affected articulations, except the left wrist and ankle, which are still much swollen, hot, and painful. The fibrous tissues of the dorsum of the hand and foot are also involved.

About this time I was called professionally some distance into the country, and was absent two or three days. Before going, however, I gave directions for the alkaline solutions to be continued with longer inter-

vals, and opiates to be given when indicated by the sufferings of the patient. By the 7th of November she had so much improved as to be able to get up and walk about in the house, though there was yet some tenderness and swelling of the wrists and on the dorsum of the left hand. I continued to visit her for a few days more, keeping up the alkaline treatment, with opiates at night and the application of a stimulating liniment to the affected parts. I then discontinued my visits, and heard no more of the case, thinking she had perfectly recovered, until 25th of November, when I was again called upon to visit her. I was told that the affection of the joints had not entirely disappeared, occasional relapses having occurred since the discontinuance of my visits; and for nearly a week she had complained of pain and uneasiness over the heart and of difficulty in breathing, but was more comfortable and breathed with greater ease when propped up in the bed or in a chair. At my visit I discovered that the wrist and dorsum of the left hand were painful and œdematous; pulse 130, and of a dicrotic character; very great dyspnœa; some pain and a feeling of great oppression in the pericardial region. In reply to my questions, she said she felt as if her heart was swelled. The area of pericardial dullness had considerably incereased; apex of the heart pushed upward and to the left. There was no apparent prominence of the sternum at this or any succeeding time; and though there was evidently considerable pericardial effusion, yet by means of the stethoscope the sounds of the heart could be heard with distinctness. Auscultation revealed an aortic obstructive and regurgitant murmur. A faint murmur was heard over the base of the heart, near the left edge of the sternum, apparently over the site of the pulmonary valves. No mitral murmur was discovered. Slight dullness was detected posteriorly over base of the lungs; but auscultation yielded only negative results, no râles being heard nor any sign of solidification discovered in either lung.

The case being peculiarly interesting in its history and complications, and by its grave character and infrequency here, I requested Dr. I. J. Roberts, a learned and experienced physician, to attend the case with me, to which he kindly consented. To him I am indebted for much light thrown upon many obscure symptoms.

We visited the case together on the morning of November 27th. No material change had occurred in the patient's condition since my last visit. Pulse 135, and dicrotic; tongue thickly coated and dry; pain and great oppression over the heart. Dr. Roberts, after a thorough physical exploration of the chest, confirmed in the main my previous opinion as given to him. We prescribed

℞ Hydrarg. chlorid. mit..... gr. iv;
Morph. sulph..... gr. j;
Pulv. ipecac ..... gr. iij.

M. et div. in chart No. 4. S. One powder every four hours. We also gave ten drops tincture digitalis and three grains of iodide potassium every six hours.

On my visiting her at 6 P. M. of the same day, I found her complaining of such pain and distress that I concluded to apply a blister over the region of the heart. The following morning we found her somewhat more comfortable, she ascribing the palliation of her pain and oppression to the blister. The digitalis had made little or no impression on the pulse. The powders given yesterday have caused two or three dejections, and the tongue is moist and less furred. On examination with the stethoscope the murmur, supposed to be at the orifice of the pulmonary artery, was heard with more distinctness, and was of an obstructive character; but a positive opinion as regarded this murmur could not be given, the natural position and situation of the heart being changed by the pericardial effusion. Aortic murmur unchanged, no mitral murmurs. There was some increase of dullness, posteriorly, at the bases of the lungs. This dullness over the inferior lobes of the lungs was caused, in my opinion, by hypostatic congestion, or obstruction to the pulmonary circulation, no râles nor any signs

of pulmonary consolidation being detected. We continued the digitalis and iodide of potassium with intervals of five or six hours; also gave morphia, bicarbonate of soda, and ipecac every three hours. During the whole period of her illness there was almost complete anorexia, though I impressed upon her attendants the importance of sustaining her strength by nutritious and easily digested food. We continued to visit her daily, and at each visit carefully examined the heart and lungs. No important change occurred in the symptoms or in her condition until the morning of the 2d of December, when we detected the crepitant râle at the base of each lung. All the physical signs of double pneumonia rapidly supervened; the dyspnœa became very great, the patient being kept propped upright in the bed, as any deviation from that position was attended with symptoms of impending suffocation. Pulse 140: symptoms of prostration rapidly coming on, the treatment was changed to one of a more stimulating character. Dr. Roberts, considering the hopelessness of the case at this point, discontinued his visits. I continued to see her morning and night, and endeavored to sustain her rapidly failing strength by quinine, alcoholic stimulants, milk-punch, beef-tea, etc. She begged me to reapply the blister over the heart, as it had given her so much relief before; I did so, and it seemed to cause a temporary palliation of the pericardial oppression. She gradually became drowsy and less attentive to what was passing around her.

At my last visit to her, at 9 P. M., December 6th, the sounds and murmurs of the heart were completely muffled and its action tumultuous; pulse very rapid, small, and irregular; abdomen greatly distended and tympanitic; dyspnœa very distressing. A few hours after my visit, as I was informed, she appeared to be a little stronger, spoke a few words to those in the room, and asked for the stimulant I had prescribed; and in an effort to change her position she suddenly threw up her arms convulsively, and instantly expired.

At eleven o'clock A. M., December 7th, Dr. Roberts and myself, with the consent of her relatives, proceeded to make a post-mortem examination. On opening the pericardium a small quantity of serous fluid escaped, and in the cavity of the sac we found, besides a considerable quantity of serum, a mass of coagulated blood (about a quart), in which the heart seemed to be imbedded. The pericardium was intensely injected, ecchymosed, and its surface thickly covered with fibrinous exudation, large strips of fibrin being easily peeled off with the fingers. The mass of blood discovered in the pericardial cavity evidently came from a ruptured vessel; and I regret exceedingly that from accidental circumstances we were unable to discover the seat of the rupture. The heart was considerably hypertrophied, had some spots of ecchymosis upon its surface, and was deeply injected and covered thickly and almost uniformly with coagulated lymph, giving it a rough, villous appearance. The pulmonary artery, extending from the valves to a short distance beyond the bifurcation of the artery, contained a firm fibrous coagulum obstructing the vessel to the extent of about a third of its caliber. The left ventricle contained a white fibrous coagulum entangled among the columnæ carneæ and chordæ tendinæ, and extending into the aorta a distance of three quarters of an inch. There was a large soft clot in left auriculo-ventricular orifice, reaching from the auricle into the ventricle, evidently of post-mortem formation. The endocardium presented no signs of inflammation. Mitral, tricuspid, and pulmonary valves normal in appearance. Aortic orifice narrowed, and the valves in a state of ætheromatous degeneration. No further morbid changes were detected in the heart. The inferior lobe of each lung was completely hepatized, and the liver was very much enlarged.

SAN AUGUSTINE, TEXAS.

THE Transylvania Medical Association meets at Eminence, Ky., on Tuesday the 20th instant.

SELECT PRESCRIPTIONS.

BY W. T. CHANDLER, M. D.

While the science of medicine can never be reduced to a routine system, rational therapeutics can never be properly exercised in fixed prescriptions, for the simple fact that the modifying circumstances of disease, climate, idiosyncrasy, etc., must inevitably govern not only the quantity but the combining elements of the prescriptions; hence it would be irrational as well as unscientific to fix any conventional dose or combination of medicines to meet the exigencies in all cases. No one can deny, however, that upon a judicious combination of medicines having therapeutic properties in common the efficacy of individual remedies is vastly augmented. It is also well known that by combining medicines with diverse properties, when in an individual case the indications demand it, the happiest results may be produced.

While I am no advocate of polypharmacy or conventional prescriptions, yet, like most men, I have a few prescriptions in which I have more than ordinary faith. I have been induced to transcribe a few of these for the benefit of the readers of the NEWS, in hopes that they may be of profit to some of them.

CHILL TONIC.

℞ Chinoidine ..... ℥ ss;
Subcarb. iron ..... ʒ ij;
Aloes ..... ʒ ij;
Capsicum ..... ʒ j;
Fowler's solution ..... fl. ℥ j;
Whisky ..... ℥ vij. M.

S. Take a teaspoonful three times a day of the mixture, and continue for a fortnight.

ATONIC DYSPEPSIA AND CARDIALGIA.

℞ Yellow-root ..... ℥ ij;
Nitrate of potash ..... ℥ j;
Willow charcoal ..... ℥ ss.

M. Take a teaspoonful of the powder in half a glass of water before meals; also

℞ Tinct. iron muriate ..... ℥ j;
Tinct. nux vomica ..... ℥ j.

M. Ten to fifteen drops after meals. Regulate the quantity and quality of diet; prescribe hours of recreation, cheerful company at meals, and attempt to divert the mind of patient as much as possible from his malady during meals and the times of digestion.

AMENORRHEA IN ANÆMIC SUBJECTS.

℞ Sulph. iron ..... ʒ jss;
Guaiacum ..... ʒ ij;
Myrrh ..... ʒ j;
Gentian ..... ʒ ij;
Aloes ..... ʒ ij;
Blood-root ..... ʒ ss;
Whisky ..... O ij.

M. Dessertspoonful three times a day; also apiol m. v every three or four hours during the expected menstrual period and for some few days previous. This, with warm coxæluvia morning and night to invite the menstrual molimen, will seldom disappoint the practitioner in its results.

HOOPING-COUGH.

℞ Croton chloral hydrate ..... ℈ ij;
Tinct. belladonnæ ..... fl. ℥ ss;
Syrup pruni virg. ..... fl. ℥ vss.

M. Teaspoonful three times a day for a child five years of age; to be increased or diminished with the exigencies of the case, the persistency of the attack, the age of the patient, etc.

COMMON COUGH MIXTURE.

℞ Morphiæ sulphatis ..... gr. iij;
Acid. hydrocyanici dil ..... fl. ʒ ij;
Syr. pruni virg. ..... fl. ℥ vj.

M. S. Teaspoonful every four to six hours.

FOR SCROFULA.

℞ Indian hemp ..... ʒ j;
Sarsaparilla ..... ʒ j;
Burdock ..... ʒ j;
Poke-root ..... ʒ j.

Add half a gallon of water and reduce by boiling to about a pint; strain and add one pound of sugar; reduce to one pint and add

℞ Iod. potass ..... ʒ ss;
Citrate iron ..... ʒ ss.

Of this mixture give a teaspoonful three times a day to a child ten or fifteen years of age.

CATARRH OF THE BLADDER.

℞ Acetate potash ..... ʒ ijss;
Bromide potassium ..... ʒ ijss;
Tinct. hyoscyamus ..... fl. ℥ j;
Infus. buchu ..... O j.

M. Dose, two ounces every three to six hours.

CHRONIC RHEUMATISM.

℞ Guaiacum ..... ℥ j;
Black cohosh ..... ℥ ij;
Blue cohosh ..... ℥ ij;
Rhubarb ..... ℥ j:
Wine colchicum..... fl.℥ ij;
Iod. potassium ..... ℥ ss;
Whisky ..... O ij.

M. Dessertspoonful three times a day.

℞ Camphor..... ℥ j;
Chloral hydrate ..... ℥ ss;
Chloroform ..... ℥ jss;
Soap liniment..... ℥ ijss.

M. Make a liniment. S. Use locally for the relief of pain.

LIVER PILLS.

℞ Calomel..... gr. ½;
Podophyllin ..... gr. 1/6;
Rhubarb ..... gr. ½;
Aloes ..... gr. ½;
Ipecac ..... gr. ¼;
Carb. potash ..... gr. ½.

M. Dose, from two to three.

CAMPBELLSVILLE, KY.

Correspondence.

To the Editors of the Medical News:

I wish to make a complaint. I am a country doctor; which means that I am jack of all branches of my profession, and master of none. I am a limited surgeon, practitioner of medicine, obstetrician, gynecologist, and *very* limited oculist, aurist, and laryngologist. The whole fraternity of medical men may be divided into two classes, the city and country doctors; the latter by far the more numerous, the former *probably* the more respectable. Nearly every city doctor is a specialist; and although he may not openly aspire to this distinction, still he has pet subjects, and is spoken of by his brethren as one of the best gynecologists, aurists, etc., in the city.

This is all right, and I do not object. But wait: Like hundreds of other country doctors, I subscribe to several medical journals. These journals I read carefully for reasons that suggest themselves; I wish to learn the experience of others in the treatment of diseases and injuries. But nowadays there is too much in the journals which I can not understand, and I claim to be a doctor of ordinary professional attainments—that is, for a country doctor. It has been said by Dr. Billings, in his able article on Literature and Institutions (medical), that it "is at once amusing, exasperating, and pathetic to glance over the 'contributions from the clinic' of the young specialist, who has set to work to write himself into notice, not in a journal devoted to his specialty, but in one of the encyclopedic periodicals." There it is in part; but I rather suspect that this *cacœthis scribendi* is not entirely confined to early life, but that it attacks the middle-aged and old specialists.

Let me illustrate. You take up two of the leading journals for January, and you will see article after article containing enough visual and aural equations to make an ordinary man amblyopic, hypermetropic—in fact afflict him with all the "opics" for the rest of his natural life. I venture to say not one subscriber in ten understands these articles, and not one in fifty cares a cent for them. Why? Because not one in this number is competent to treat persons for optical defects, but at once recommends his patient to the nearest reputable oculist.

Now I do not mean to say that these articles are not first-class in their place, but let them be put into a journal devoted to this specialty—Knapp's, for instance. If these gentlemen would write the best treatment for ordinary troubles of the eye and ear, such as almost any physician feels himself competent to treat, then they will indeed confer a favor by publishing their articles in the journals.

I can hardly agree with Dr. Billings that these articles are intended for advertising purposes, for scarcely any one reads them, and they therefore fall stillborn, except with the very few other specialists, who glance them over. I rather incline to the opinion that these articles are written for the same reason that most articles are; viz., to im-

prove the author in his knowledge of the subject, and to gratify a *wee bit* of personal or professional vanity, and lastly to instruct others; but the former have not the merit of being so generally useful or instructive as the latter. We well know, as Sam Weller would say, that the "particular wanity" of many medical men is to see their articles in print.

Another trouble with me is that too much space in the journals is taken up by accounts of cases or diseases of which a man will hardly see an illustration in a lifetime. It is not necessary to particularize, but let me illustrate. In May, 1875, I attended the meeting of the American Medical Association held in your city. I heard that there was to be a discussion in the medical section on pneumonia. Wishing to learn something definite about the matter, I said to a professor in a medical school, "Can you tell me, doctor, whether pneumonia will be discussed in the medical section this evening?" With the most contemptuous sneer he said, ironically, "Well, it ought to be; it is such a very uncommon disease." Two hours later this gentleman was discussing pigmentation of the skin in exophthalmic goitre; and six months later Juergensen's article on pneumonia was given to the public in Ziemssen's Cyclopedia, which probably convinced the professor that pneumonia was a disease not very well understood after all, probably not much better than exophthalmic goitre.

It is well enough to relate a case of Basedow's disease, and give us common fellows an idea of it, for we have to treat such cases at home. (I believe that there is no special "Basedowist" yet in the land.) But let the reports of those cases which are elucidated with visual equations, aural ditto, the appearances of the inside of the larynx (especially the *capitula santorini*)—those cases which can be and are generally sent to the specialist—be reported in a journal which specialists read and nobody else can understand. I for one am in favor of this plan, even if I have to contribute my mite to give every specialty an organ, though I do not bind myself to read any of them.

COUNTRY DOCTOR.

Reviews.

The Domestic Monthly Magazine. Published by Blake & Co., 849 Broadway, New York.

This is a monthly journal of fashions and kindred fine arts. We are not competent to give judgment upon its *technique*, but we may say to the untutored eye it seems to fill its indications admirably. The engravings, letter-press, and general make-up are perfect. The literary merit of its contents is of a high order. It supplies pictures of patterns enough to clothe a regiment of women and children in different styles. We doubt not that it would be a most welcome visitor to any doctor's wife or daughter. The price of the magazine is $1.50 per annum.

The Anatomist. An etching. Published by R. Berendsohn, 48 and 50 Nassau St., New York.

This is a copy of a picture of the same name, exhibited at the Centennial, which attracted considerable attention. The size of the etching is seven and a half by ten inches, on paper twelve and a half by fifteen inches. Price, $1.00 on plain and $1.25 on tinted paper. The picture will make a handsome adornment of a physician's office. It can be obtained by mail from the publishers.

Miscellany.

THE AGE OF GERMAN PROFESSORS.—The Nation says: The age of German professors has been statistically examined at intervals of five years, beginning with 1870, by Dr. Etienne Laspeyres, of the University of Giessen. In 1870–71 the writer's calculations were based on the ascertained age of 997 ordinary professors; in 1875–76, of 1,056. In the first case the average age

proved to be 52.9 years; in the second, 52.8, or almost exactly the same. Regarding the separate faculties, it appeared that the professors of theology were the oldest at both periods (54 and 55 years respectively); that the professors of philosophy came next, having the average age of the whole; and that the professors of medicine (50.8 and 51.9) and of law (52.9 and 51.4) were the youngest. While theology had but 10.3 and 12.3 per cent of its professors under 40, medicine had no less than 20.1 and 20.8—that is, medical students attain the professorship earlier than do the theological. On the other hand, 31 and 36.2 per cent of the theological professors were over 60 years of age, but only 21.2 and 25.8 of the medical. It is suggested that the medical chairs are vacated earlier either in consequence of a higher death-rate arising from the practice of their incumbents, or because their incomparably better remuneration enables them to retire voluntarily.

DROWNED IN A TUB.—Last week a child aged one year and six months was accidentally drowned in a tub containing nine inches of water, near her father's door, at the village of Dreghorn. She had been out of the mother's sight for only ten minutes, when she was found by her brother with her face downward, and only the upper part of her body immersed in the water; she was quite dead.—*British Medical Journal.*

BLOW, BLOW, WIND OF THE WESTERN SEA! Dr. J. A. Freeman, in the Richmond and Louisville Medical Journal, says: "I write to ask you whether or not there was ever a surgeon who had performed many surgical operations of any note before he was eighteen years of age? I am not acquainted with any instance of the kind except in the case of myself. I have done considerable surgery for a young man, and nearly all of it between my fourteenth and eighteenth years. I write this information as much for my state as for myself. Kentucky has already the honor of having furnished the best and boldest, and now I am anxious to add the youngest surgeon in the world. Within the above-mentioned years I performed the following operations (amputations, paracentesis, extirpation of tumor, besides delivering twenty women). Hoping that this little experience still leaves Kentucky in advance of other states and countries, in surgery especially, I remain your friend."

DEATH OF MR. JOHN ADAMS.—We regret to hear of the death of Mr. John Adams, many years surgeon, and lately consulting-surgeon, to the London Hospital. Mr. Adams had been connected with that hospital for nearly half a century as demonstrator and lecturer on anatomy, and as assistant-surgeon and surgeon. He was for some time a member of the Council of the Royal College of Surgeons of England, and for five years a member of the Court of Examiners. He was the author of the well-known work on Diseases of the Prostate Gland; and of the articles "Injuries to the Head" in Cooper's Surgical Dictionary, and "Urethra" in the Cyclopedia of Anatomy and Physiology. Mr. Adams died at Blackheath on the 18th instant, in the seventy-second year of his age.—*British Medical Journal.*

MORTALITY OF CHILDREN DURING THEIR FIRST YEAR.—According to the researches of M. Kuborn, of Belgium, the rate of mortality for children during the first year of life, in the principal countries of Europe, is as follows: Out of 1,000 children, there die in Sweden 153, in Denmark 156, in Scotland 156, in England 170, in Belgium 186, in Holland 211, in France 216, in Prussia 220, in Spain 226, in Switzerland 252, in Italy 254, in Austria 303, in Russia 311, and in Bavaria 372.—*British Medical Journal.*

A CASE OF PROTRACTED GESTATION.—Dr. J. E. Moore, of Pennsylvania, reports a case of gestation prolonged seven or eight weeks beyond the normal period. The delivery was done with forceps—child dead.

M. VERNEUIL, in presenting lately to the Société de Chirurgie in the name of one of his old pupils, Dr. Fontan, a brochure on the "Treatment of Hemorrhoids by forced Dilatation of the Sphincter Ani," expressed the opinion that the records contained in this volume, like the facts which M. Verneuil himself has had occasion to collect, are of a nature to suppress henceforth all bloody operations for hemorrhoids.

THE alumni meeting of the Ohio Medical College will be held at 2 P. M., Wednesday, February 28th. Dr. Greene, of Fairfield, O., will deliver the oration.

THE alumni meeting of the Medical Department of the University of Buffalo will be held at 10 A. M., February 20th. Prof. Frank Hamilton will deliver the oration.

SUCCESS OF TRACHEOTOMY.—Mr. Hector Cameron, of Glasgow, says (British Medical Journal) the successful issue of a tracheotomy case is the relief of asphyxia, and not the cure either of croup or diphtheria. The little child who has been snatched from a death by suffocation to die a week or fortnight hence from gradual asthenia, a sudden syncope, or an unexpected convulsion, is as real, though not so apparent an example of the benefits of the operation, as that other who ultimately survives both operation and disease. Let us not, then, be either too elated by successful statistics of recovery or too discouraged by the reverse. Provided the operation has been performed without accident and the breathing fairly re-established, there is much good fortune in the one experience and but small blame in the other. If we deal with large numbers, all statistics seem to be pretty much equalized, and recovery is found to take place about once in every three or four cases; but it is well to remember that this leaves out of sight altogether much genuine success achieved by the operation. By the performance of it, we do nothing toward curing the disease; indeed, we are rather apt to encourage its extension. All that we can do—and, therefore, all that we should pretend to attempt—is to restore Breath, and with it its companion—Hope.

Selections.

Abortion from Dyspnœa.—Mr. Hector C. Cameron, of Glasgow, in a paper on Tracheotomy (British Medical Journal), relates two cases in which he performed this operation for acute laryngitis in women who were respectively in the eighth and ninth months of pregnancy. Both aborted and died. He remarks:

"There can be no reasonable doubt that in all of these cases the onset of labor was a direct consequence of the asphyxial symptoms from which these women suffered; or, in other words, uterine contractions were excited by the circulation in their systems of non-aërated or imperfectly aërated blood. The presence of carbonic acid in the blood is fully recognized by obstetricians as a cause of abortion. Tyler Smith, in his work on Parturition, writes of it as follows: 'The inhalation of carbonic acid rapidly excites abortion, and during accidental or intentional poisoning by this gas the ovum is often expelled. During the celebrated razzia in Algeria, in which a great number of Arab women were suffocated in the caverns of Dahra, those of them who were pregnant were found to have aborted. Military histories offer examples of the same kind in other countries.' Leishman, in his treatise on Midwifery, in reference to the same subject writes as follows: 'A similar action of the uterus (*i. e.*, contraction) is produced by carbonic acid, as has been abundantly proved by the records of cases of accidental or intentional poisoning. A precisely similar effect follows the retention of carbonic acid in the blood in asphyxia—a condition under which the expulsion of the ovum has very frequently been found to occur. Of five hundred Arabs who were suffocated in the caves of Dahra in 1845—as is said, by the orders of the Duc de Malakoff—a considerable proportion were women, and of these many who were pregnant were found to have aborted; and other instances of a similar nature have also been recorded. The same fact has been proved experimentally by the researches of Dr. Brown-Séquard, who further believes that the oxytocic action of carbonic acid is the determining cause of labor at the full term, exciting by the direct contact of venous blood the irritable uterine fiber to contract.'

"I have been thus explicit in endeavoring to show the connection between the interference with the respiration and the supervention of labor in order to

point out a lesson which, it seems to me, is logically deducible from the history of these two cases; and it is this, that in the case of a pregnant woman suffering from any form of obstructed breathing remediable by tracheotomy, the operation ought to be performed at a very early stage of the disease. If matters be allowed to go so far as that non-aërated blood shall continue circulating for some time in the patient's system, the strong probability is that abortion will ensue, and prove the last straw to break the camel's back. In fact a delay, which in a non-pregnant woman might be just and reasonable, in a pregnant woman must be dangerous, since it introduces a very serious and probably fatal complication. I should be disposed also in future to prefer in similar cases laryngotomy to tracheotomy, since the obstruction must necessarily be above the true vocal cords, and the operation is easier, more rapid, and inflicts a less serious wound.

"One other point seems worthy of notice before passing from this subject. It is well understood that natural labor is accomplished by voluntary expulsive efforts on the part of the woman as well as by the involuntary contractions of the uterus. In order to bring about these expulsive or bearing-down movements, the lungs are filled with air, the glottis entirely or partially closed, and violent, laborious expiratory efforts are made. In the second case detailed above this combination of actions was of course a physical impossibility, seeing that there was a tube in the wind-pipe. She could make no expulsive efforts whatever, and labor was therefore necessarily commenced and completed by the unaided action of the womb. Such an occurrence must be sufficiently rare to deserve notice here."

Treatment of Spasmodic Stricture of the Œsophagus.—Dr. Morell Mackenzie (Med. Times and Gazette) in a lecture on this subject makes the following remarks:

"Whenever the cause, whether of constitutional or local origin, can be discovered, it should be removed. All reflex sources of irritation—especially those connected with the gastro-intestinal and uterine systems—should be most carefully sought out, and, if possible, got rid of. The nervous system must be braced up by moral as well as by hygienic and medicinal agencies. It must not be forgotten that the hysterical disposition prevails in by far the largest number of cases. The mind should, if possible, be kept employed by regular and interesting occupation, or by change of scene and travel. Certain nervine tonics are specially valuable, such as the valerianate of zinc. I generally give it in combination with assafœtida, but it acts very well alone.

"The dietary in these cases is of the greatest importance. If the spasm is very severe, thickened liquids should be given, and it is well to bear in mind that warm drinks are much less apt to bring on spasm than cold ones, and in nine cases out of ten if the drink is sweetened it is better borne. Many patients discover these circumstances without medical advice. Gradually the food may be thickened, and panada may be allowed. If the case progresses favorably, the patient will be able to return by degrees to ordinary diet. Stimulants should not, as a rule, be allowed, and all *piquant* food should be prohibited. It is the greatest mistake to force these patients to take solid food. They may sometimes be tricked out of their malady when it is slight and recent, but rough measures always fail.

"As regards local treatment, much can be done with the continuous current. The electrode should be introduced into the œsophagus at least once a day, and kept in position as long as the patient can bear it. I generally use a ten or twelve-celled battery. The application should be made soon after a meal, so that a considerable time may elapse between the treatment and the next time of deglutition. The muscles should also be galvanized externally. This treatment generally requires to be continued for some weeks or months. Sometimes great benefit, and indeed a complete cure, may be obtained by passing bougies. It is best to use an instrument with a metallic or ivory knob, and, if possible, to keep the extremity of the instrument opposite the seat of spasm. This treatment affords relief in the same way that passing a sound sometimes relieves irritability of the neck of the bladder. I have never obtained any satisfactory results from the application of stimulating or astringent solutions to the œsophageal mucous membrane. It has already been pointed out how easily those cases dependent on flatulent dyspepsia can be cured. It must not, however, be forgotten that in a large number of instances the dysphagia is a mere fancy, there being, in fact, no spasm. By passing a bougie and assuring the patient that there is no obstruction, such persons may sometimes become aware of the groundlessness of their sensations, but they are often more difficult to cure than true spasm."—*Amer. Jour. Med. Sciences.*

Operation for Intussusception.—At the Pathological Society of London Mr. H. Morris gave the following particulars of a case of intussusception under his care: A boy, aged twelve years, was admitted into the Middlesex Hospital with well-marked signs of acute intussusception of the bowel. On Tuesday (the sixth day of the symptoms), as injections both with and without chloroform had failed, and as there was nothing to indicate strangulation of the bowel, abdominal section was performed. While he was under chloroform, and before commencing the operation, an obscure elongated hardness was felt toward the left side of the abdomen, and the intussuscepted

bowel, which had been previously felt per rectum, was seen to be red and living through a speculum. After making an incision about four inches long in the linea alba, and downward from the umbilicus, Mr. Morris passed his whole hand into the peritoneal cavity in the direction of the hardness felt through the abdominal parietes. He then felt a sausage-like tumor, which he drew out upon the surface after gently trying to unravel it while within the cavity. Further slight efforts were made by gentle traction and kneading; but as fæcal matter was oozing from two points at some distance apart, and as elsewhere the unsheathing bowel was very thin and discolored, and almost perforated, they were not persisted in. It was now evident that the only thing to be done which gave any chance to the patient was to cut away the whole of the affected part, and either to stitch the ends of the gut together or each end to the abdominal wall. The latter was preferred because of the relief which would be likely to follow the discharge of the intestinal contents, and because also it was certain that another intussuscepted part existed lower down in the large bowel. On examining the portion removed it was seen to be about seventeen inches of ilium; the intussuscepted portion was quite black and sphacelated, and the containing portion had several deep sloughs upon it. From the condition of the latter it was quite impossible, even if no obstruction had existed further on, that the intussuscepted part could have been successfully passed off by natural processes. Wednesday: The little fellow is still living, and is more comfortable; he is less sick and has less pain than before the operation; a quantity of fæcal matter has escaped during the night *Brit. Med. Jour.*

Operation for Vesico-vaginal Fistula.—Dr. Simon, of Heidelberg (Obstet. Jour. of Great Britain and Ireland), in a paper on the method of operating for vesico-vaginal fistula, compares his own operation with that of Bozeman, of New York. Simon operates in lithotomy position, draws the parts round the fistula forward, pares the edges with a knife, uses a simple knotted silk suture, enjoins no measures of precaution as regards passing urine after the operation, and allows the patient, if she please, to leave her bed on the second or third day after the operation. Bozeman operates in the knee-elbow position, leaves the fistula *in situ* while operating, pares the edges with scissors, employs a complicated wire suture, leaves a catheter in place after the operation, and often gives large doses of opium. Dr. Simon gives seven cases, four by himself and three by Bozeman, who operated while on a visit to Heidelberg. From the results of these cases Dr. Simon considers his method superior to Bozeman's.—*London Medical Record.*

Chloral and Chlorate of Potash in Diphtheria.—Dr. Ciattaglia strongly recommends (Presse Méd.-Belge, August 13, 1876) the local application three or four times a day of a mixture of chloral (one drachm) and glycerine (five drachms). Since he has employed this he has met with remarkable success. He gives internally chlorate of potash in doses of two and a half to four drachms for children and five drachms for adults per diem, dissolved in thirty-five drachms of water. He had already derived great advantage from the chlorate, but since he has combined with it the local use of chloral his success has been much greater. The development of the diphtheritic patches is arrested, and the disgusting odor of the disease disappears, if not at the first, at the second application. The chloral also is much more manageable in glycerine, the burning sensation being less, while it is longer retained in contact with the parts than when dissolved in water. —*Med. Times and Gaz.*

Compression in Acute Orchitis.—In a recent clinical lecture on a well-marked case of acute blenorrhagic orchitis, Prof. Thiry observed (Presse Méd.-Belge, No. 5) that notwithstanding its origin this must be looked upon as a case of simple acute inflammation, which it would seem rational and logical to treat by local bleeding, emollients, fomentations, and the like. But in point of fact we are in possession of a means of treatment far more powerful than this—viz., compression—which is too much lost sight of in favor of new modes of treatment which succeed each other day after day, and yet are devoid of the constant efficacy and the promptitude of action which characterize methodical compression. It may be objected that compression is resorted to, but is reserved for chronic cases, as it would be imprudent to employ it in those of an acute character. But here compression is of little importance, and may be contra-indicated, while it is in acute and intense orchitis that its true triumphs are gained. The sufferings of the present patient are of exceptional severity, but that will not prevent his pains disappearing as if by enchantment solely under the use of a compression bandage. The orchitis will indeed subside with rapidity proportionate to its acuteness, and a week will not be required to effect a cure. Nay, did circumstances require it, this patient might be enabled within forty-eight hours, if not sooner, to resume his occupation. But this success can only be attained by the effectual application of the compression bandage, and this will be easily accomplished if we bear in mind the objects we should have in view in effecting it. These are: (1) benumbing the local nervous sensibility, the general excessive sensibility becoming spontaneously calmed, as seen immediately after the application; (2) diminishing the afflux of arterial blood

into the affected organ by approximating the vascular parietes, the arterial afflux being always in direct proportion to the intensity of the pain; (3) repelling the venous blood and the products of exudation toward the center of circulation; and (4) the immobilization of the testis, and its protection from external agents.—*Monthly Abstract of Medical Science.*

Treatment of Placenta Previa.—Dr. Davis (Trans. Penn. State Med. Society, 1875), says: If flooding calls for active interference before dilatation has begun, the bleeding should be controlled and the dilatation hastened. Preferable for this purpose he uses: 1. Molesworth's dilators, preceded if necessary by a sponge tent. 2. Barnes's dilators. 3. Tampon. 4. Ergot, if presentation be not transverse. 5. Evacuation of liquor amnii. After the os is dilated, an inch and a half or two inches, if not covered by the placenta, rupture the membranes, and if hemorrhage still continues apply the forceps. But if the os be covered by placenta, the application of the forceps must be preceded by the detachment of the placenta on one side. In a large proportion of cases after the execution of this procedure, giving of ergot, kneading the abdomen, and applying the binder, bleeding will cease, and the case may be left to nature. If, however, the womb refuses to contract sufficiently to cause the head to tampon the os, and stop the bleeding, an attempt should be at once made to apply the forceps, and once the blades of the instrument have been properly adjusted to the child's head, the accoucheur becomes master of the situation. Version he would reserve for—1. Cases of transverse presentation, in which cephalic version can not be performed. 2. Cases in which the blades of the forceps can not be made to grasp the head within the cavity of the uterus.

The Treatment of Colliquative Diarrhea.—The diarrhea which often occurs toward the close of life in patients suffering from long-standing nervous disease or other conditions productive of cachexia, and in many cases independent of organic disease, is the most rebellious to ordinary astringent and sedative remedies. Dr. Bonfigli has recently called attention to this form of diarrhea, which he calls vaso-paralytic, in which the evacuations are frequent, watery, or serous, and no lesion is found in the bowels after death, such as waxy degeneration or ulceration, only at most some slight injection of the mucous coat. From a consideration of its physiological action he was led to try chlorate of potash as a remedy, and in fifteen cases he gained very markedly beneficial results from its use. He found it necessary to continue its employment for some time in severe cases, and the diarrhea was held in check only so long as the drug was given. He recommends the increase of the dose until a beneficial effect is observed, beginning at half a drachm in the twenty-four hours, and increasing to two or three drachms if requisite. When, however, there is degeneration of the mucous coat, or when the diarrhea is maintained by intestinal catarrh, the drug exerted little or no effect. On the latter point the observations of the author appear to be at variance with those of the late Dr. Copland.—*Monthly Abstract of Medical Science.*

The Treatment of Carbuncle by Blisters.—Mr. Jules Guérin, in a communication to the Académie de Médecine (Gaz. des Hôp.), says that the most efficacious mode of cutting short the progress of a carbuncle and hastening its cure is to cover the whole of the inflamed part with a large blister having a hole in its center to admit of discharges. The blister must be continued on until complete vesication has taken place, and any portion of the carbuncle over which this has not done so will remain hard and resistant. When the blister has taken effect the pain is at once relieved, and the redness and resistance of the tumor disappear, and it becomes benign and inert, its enucleation proceeding under the use of ordinary means without the aid of the bistoury. When after the discharge of its contents a deep excavation remains, it is useful to apply to the walls a solution of nitrate of silver, with the object of obliterating the open vascular orifices and impeding the absorption of the diseased liquid.—*Med. Times and Gaz.*

Chloral in Infantile Convulsions.—Löwenstamm (Medicinish-Chirurgisches Centralblatt) speaks of numerous instances in which he has tested the efficacy of this drug in convulsions; and he gives one case in detail. The patient was the third child of a highly nervous woman, who had lost her first and second children from this affection at about the same age as that at which this one was attacked. At the thirteenth day, twitchings of the eyelids and of the angles of the mouth were first observed; these rapidly developed into more general convulsions, which were repeated, later, every ten minutes. The infant was first seen on the sixteenth day of life. He showed then strong twitchings of the face, trismus, clonic spasms of the limbs, spastic contractions of the thumbs, and contracted pupils; the fit terminated, at the end of five minutes, in profuse perspiration. Two grains of chloral hydrate were given every hour. The convulsions diminished in frequency and intensity, and, on the following day, he was free from them. As the case was considered to depend upon dyspepsia, an antacid in the form of *magnesia usta* was then given, and no recurrence took place.—*London Med. Record.—Amer. Jour. Med. Sciences.*